

## **Kansas City, Missouri Police Department**

## **Citizen Police Academy**

LAST NAME :	FIRST NAME:	MIDDLE INIT IAL			
DOB (mm/dd/yyyy):	SOCIAL SECURITY	′#			
GENDER: M $\Diamond$ or F $\Diamond$					
HOME ADDRESS :					
CITY/STATE/ZIP :					
HOME PHONE :	CELL PHONE : _				
EMAIL ADDRESS :					
OCCUPATION:					
BUSINESS NAME:	BUS	S. PHONE			
BUS. ADDRESS:					
Why do you wish to participate in the KCPD Citizen's Police Academy?					
Do you have a family member in If yes, who?	Law Enforcement? Yes 🔷	No 🔷			

Please List one character reference:				
Name:Title:	_			
Address:				
City/State/Zip				
Occupation:				
Home Phone :Business phone				
Years Acquainted: How acquainted :				
	_			
Have you ever been arrested or convicted of a felony crime?				
-				
Participants MUST be at least 18 years of age, live, work or attend school in Kansas City, Missouri				
Please indicate whether you can attend a future session if class space is not available for this session.				
Yes No				

## PLEASE READ CAREFULLY BEFORE SIGNING:

- Due to the nature of the course curriculum, the KCPD will be conducting security checks on all
  applicants, including but not limited to a check of the criminal justice computer information systems. I
  hereby authorize the KCPD to collect personal information concerning myself. I acknowledge this
  information is to be used for enrollment purposes only.
- I hereby declare that the foregoing information is true, accurate and complete to the best of my knowledge. I understand that a false statement can disqualify me from participation in the KCPD Citizen's Police Academy. I agree that I will not disclose any confidential information that I may become aware of through participation in the KCPD Citizen's Police Academy.
- I understand that if I am selected, the KCPD is not responsible for any accident, injury or damages, in whatever form, that may occur to me or my property, arising out of or related to my application or participation in the KCPD Citizen's Police Academy. By signing this application I, for myself and for my heirs and assigns, hereby release and hold harmless the KCPD.
- I understand and agree that the KCPD Public Relations Unit and local media agencies may be in attendance at any session and that video coverage and/or still photographs may be taken at various times throughout the Academy and hereby consent to the use of these images by the KCPD and/or the media agencies.
- The KCPD reserves the right of sole discretion in the selection of applicants.

By signing this application I hereby acknowledge and agree to all of the foregoing.

Dated this:	day of	in the year	·
Signature			
Print name:			
Please mail or fax to	o:		
Kansas City Regiona			
6885 NE Pleasant V	•		
Kansas City, MO 64	119		

ATTN: Angela McCune

This application may also be dropped off at the Regional Police Training Academy during regular business hours, Monday – Friday, 7:00 am to 4:30 pm except holidays.